DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/20/2010 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 09G148 03/31/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID Ð (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) W 000 INITIAL COMMENTS W 000 A recertification survey was conducted from 3/30/2010, through 3/31/2010. The survey was completed utilizing the fundamental survey process. A random sampling of three clients was selected from a residential population of three females and two males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at two day programs, as well as a review of the client and administrative records, including the incident reports. W 124 483.420(a)(2) PROTECTION OF CLIENTS GOVERNMENT OF THE DISTRICT OF COLUMBIA W 124 RIGHTS DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION The facility must ensure the rights of all clients. 825 NORTH CAPITOL ST., N.E., 2ND FLOOR Therefore the facility must inform each client. WASHINGTON, D.C. 20002 parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on staff interview, and record review, the facility failed to establish a system that would ensure clients, family members or guardians were informed of the risks and benefits of clients restrictive measures, for one of three clients in the sample. (Client #1) The findings include: The facility failed to ensure that informed consent was obtained from Client #1's guardian prior to the administration of her psychotropic LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE itto Vice histlet

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 9RH311

Facility ID: 09G148

If continuation sheet Page 1 of 24

STATE	MENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	2000 4 11 11		OMB N	10.0938-039
ANDP	AN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4)	D . SUMMARY STA	TEMENT OF DEFICIENCIES		WASHINGTON, DC 20017		
PREI	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IOENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOURDAE	(XS) COMPLETION DATE
	nurse (RN) and the professional (QMRP a behavior support p maladaptive behavior psychotropic medical maladaptive behavior revealed the client digive informed conserved the statements were at 6:55 p.m., through psychological assess 2010, and BSP dated According to the asses evidence the capacity decisions on her behaviors on her behavioral matters.  On March 31, 2010, a physician order dated Client #1 was prescrib behaviors and Rispert disorder.  At the time of the survey provide evidence that obtained from the clier representative prior to psychotropic medications.	conference on March 30, saly 10:30 a.m., the registered qualified mental retardation of indicated that Client #1 had plan (BSP) to address her ors, and received attions to address her ors. Further interview of not have the capacity to not for the use of medications ces.  I verified on March 30, 2010, review of Client #1's ment dated January 19, I February 2, 2010. Pessment, Client #1 "does not to make Independent alf or provide meaningful egarding her habilitation financial, treatment, or the Buspar for psychotropic dal for intermittent explosive ey, the facility failed to informed consent was not and/or legally authorized the administration of the on.  I ensure that informed from Client #1's guardian	W 12-		tation of d from er all ensure signed	4/10/10

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/20/2010 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETEO A. BUILDING B. WING 09G148 03/31/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 124 : Continued From page 2 W 124 prior to the implementation of her Behavior Support Plan (BSP). Interview with the Registered Nurse (RN) and the QMRP on March 30, 2010, at approximately 10:30 a.m., during the entrance conference revealed that Client #1 had a Behavior Support Plan (BSP) to address her maladaptive behaviors. Further interview revealed the client did not have the capacity to give informed consent for the use of medications and habilitation services. The statement was verified on March 30, 2010, at 6:55 p.m., through review of Client #1's psychological assessment dated January 19, 2010. According to the assessment, Client #1 "does not evidence the capacity to make independent decisions on her behalf or provide meaningful input into decisions regarding her habilitation planning, placement, financial, treatment, or medical matters. Record review on March 30, 2010, at 6:55 p.m., revealed the Behavior Support Plan (BSP) dated February 2, 2010, was implemented to address her maladaptive behaviors. At the time of the survey, the facility failed to provide evidence that informed consent was obtained from the client and/or legally authorized representative prior to implementing Client # 1's BSP. W 130 483.420(a)(7) PROTECTION OF CLIENTS W 130

The facility must ensure the rights of all clients.

Therefore, the facility must ensure privacy during

treatment and care of personal needs.

RIGHTS

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/20/2010 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 09G148 03/31/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WHOLISTIC 03 1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (X5) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 130 Continued From page 3 W 130 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy during personal needs, W 130 for one of the three clients in the sample. (Client #2) Staff have been trained on issues The finding includes: pertaining to right, privacy, dignity and respect. On March 31, 2010, at 4:14 p.m., Client #2 was 4/29/10 observed sitting on the toilet in the bathroom with the door open. During this time, her direct The Facility's House Manager shall support staff was observed standing in the same on a daily basis (5 days a week, bathroom. Seconds later, the licensed practical Monday through Friday) ensure staff nurse (LPN) was observed leaving the bathroom, adhere to the specifications of the inhowever, she did not close the door completely. When interviewed on the same day at service. approximately 7:00 p.m., the LPN acknowledged that Client #2 was not provided privacy while using the bathroom. At the time of the survey, there was no evidence that staff ensured privacy during Client #2's personal care. W 137 | 483.420(a)(12) PROTECTION OF CLIENTS W 137 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that clients had clothing that were appropriate, for one of three clients in the sample. (Client #1)

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 154	The finding includes Observation conduct program on March: Client #1 walking or jeans that was too s revealed the day pro- client's jeans over h Interview with the da 2010, at 11:45 a.m., frequently sent Clier wearing clothes that program reportedly the facility (dates un Further observation p.m., revealed clothe and dresser that we Additional observation supportive stockings Three out of ten und three suits hanging is stained.  Interview with the qu professional on Marc 3:00 p.m., confirmed clothing in Client #1's however stated that I programs concems.  At the time of the sur that the facility ensure appropriately fitting ci	cted at Client #1's day 30, 2010, 11:41 a.m., revealed at her classroom wearing small. Further observation ogram staff trying to pull the er hips.  ay program staff on March 30, revealed the facility at #1 to the day program were too smail. The day had conveyed its concern to known).  on March 31, 2010, at 1:45 es stored in Client #1's closet re too small for her. on revealed seven out of nine is had holes or were tom. lerwear were stained, and in her closet were also  alified mental retardation ch 31, 2010, at approximately the observations of the is dresser and closet, he was not aware of the day  vey, there was no evidence ed that Client #1 wore lothing, or that the client's ined in good condition.	W 154		i ·	nunity w closet y all	4/29/10

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			•	PRINTE	D: 04/20/2010
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W 154 (	Continued From page	ge 5	W	154		<del></del>	
ļ -		ve evidence that all alleged		104			
F (1) 2 Ji d # res con the contract the contrac	dased on interview a ailed to thoroughly in one of three clients in the finding includes.  Review of the facility UIR) and investigation, beginning at 8 anuary 31, 2010, stiscovered a scratch 2's eye brow. According to the cratched Client #2.  Abservation of Client and the cratched Client was report, it appeared the client very exercise the client was reported to the client was remained to proximately 4:00 powering, the client was remained the client was remained to evidence an agement coording ent regarding the scient #2's eye brow.	's unusual incident reports ve reports on March 30, :55 a.m., revealed on aff heard a scream, then on the right side of Client ding to the investigation at Client #1 may have  #1 at the day program on inning at 11:41 a.m., erbally communicating with arch 30, 2010 and March 31, in from the day program at .m., and throughout the as observed verbally group home staff. However, e that the incident ator (IMC) interviewed the cratch on the right side of			The IMC (Incident Managem Coordinator) has been inform about the incompleteness of tincident investigation report. future the QMR shall review investigations to ensure that trequirement of a complete investigation are adhere to an ensure that documentary evid provided to support that the administration was informed recommendations of the investigation.	ned the In the all the d to ence is	
Pn ap	ofessional (QMRP) proximately 6:45 p.	alified Mental Retardation on March 31, 2010, at m., confirmed Client #1 was ming Client #2's injury.				į	
Th	ere was no evidend	e that the IMC conducted					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING B. WING 09G148

OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 03/31/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) W 154 Continued From page 6 W 154 an thorough investigation to determine if Client #1 scratched Client #2 W 156 483.420(d)(4) STAFF TREATMENT OF W 156 CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report the results of all investigations to the administrator, designated representative or to other officials in accordance with State Law within five working days of the incident, for one of three clients in the sample. (Clients #2) The finding includes: Review of the facility's incident and investigative reports on March 30, 2010, beginning at 8:55 a.m., revealed the following incidents and W 156. a, b. investigative reports: Cross reference to W 154. a. On March 22, 2010, the registered nurse (RN) was notified that there was a reddened swollen area on the back of Client #2's upper right thigh that was warm and painful to touch. The RN instructed the staff to take the client to the emergency room. According to the investigation, the client was diagnosed with an abscess and prescribed medication upon discharge. b. On January 31, 2010, staff heard a scream then discovered a scratch on the right side of Client #2's eye brow. According to the investigation report, it appeared that Client #1

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILL	LTIPLE CONSTRUCTION DING	(X3) DATE	(X3) DATE SURVEY COMPLETED	
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W 159	may have scratched the investigative repand Client #1 no long An interview was confident ascertain information incident manageme QMRP, all investigative interported to the administrator had be the aforementioned. At the time of the supprovide evidence the was notified of the reports within five was 483.430(a) QUALIFI RETARDATION PREACH Client's active to integrated, coordinated qualified mental retainted. This STANDARD is Based on observation review, the facility fail Mental Retardation Fooordinated, integrated.	d Client #2., Further review of cort revealed that Client #2 ager share the same bedroom. Inducted with the Qualified Professional (QMRP) on approximately 6:45 p.m., to a regarding the facility's ent system. According to the ative results were completed agement Coordinator and inistrator.  at approximately 9:45 a.m., gative reports revealed that the een notified of the results of investigations.  Invey, the facility failed to at verified the administrator esults of the investigative orking days as required.  IED MENTAL OFESSIONAL  Treatment program must be ted and monitored by a relation professional.  Inot met as evidenced by: In, staff interview, and recordiled to ensure the Qualified Professional (QMRP) ed and monitored services, lients residing in the facility.	W 15				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/20/2010 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 09G148 B. WING 03/31/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WHOLISTIC 03 1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY W 159 Continued From page 8 W 159 W 159. 1. The findings include: 1. The QMRP failed to ensure that each staff Refer to W 192 were effectively trained to implement the therapeutic diets of Clients #1, #2 and #4. [See W1921 W 159, 2, 2. The QMRP failed to ensure each staff was trained to implement Client #2's behavior plan as See W 191 written. [See W191] 3. The QMRP failed to ensure data relative to the W 159. 3. accomplishment of Client #2's behavioral and communication objectives were consistently See W 252 maintained. |See W2521 W 191 483.430(e)(2) STAFF TRAINING PROGRAM W 191 View in-service training as a dynamic growth process. It is predicated on the view that all levels of staff can share competencies which enable the individual to benefit from the consistent wide-spread application of the interventions required by the individual's particular needs. In the final analysis, the adequacy of the in-service training program is measured in the demonstrated competencies of all levels of staff relevant to the individual's unique needs as well as in terms of the "affective" characteristics of the caregivers and the personal quality of their relationships with the individuals. Observe the staff's knowledge by observing the outcomes of good transdisciplinary staff development (i.e., in the principles of active treatment) in such recommended competencies as: Respect, dignity, and positive regard for

individuals (e.g., how staff refers to individuals

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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W 191	Continued From parefer to W150);	ge 9	<b>W</b> 1	191			
	Use of behavioral printeractions between	rinciples in training n staff and individuals;					
	principles and techn	mental programming liques, e.g., functional training alysis, and effective data ;					
	Use of accurate detection and preve individual safety, err	procedures regarding abuse ntion, restraints, medications, nergencies, etc.;					
	communication devi	mobility and augmentative ces and systems to help ndependence in basic					11.
	<ul> <li>Use of positive to programming.</li> </ul>	pehavior intervention					
	§483.430(e)(2) Prot	pes					
	Does the staff training needs of the individual program?	g program reflect the basic als served within the					
	individuals reveal tha	staff interactions with it staff know how to after their tch needs and learning style ?	•				. ;
	For employees who v must focus on skills a toward clients' behav	work with clients, training and competencies directed ioral needs.					
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NULTIP ILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	Based on observation review, the facility for provided training to behavioral needs of sample. (Client #2)  The findings include The facility failed to identified in Client # were consistently imbelow:  1. Observation on M revealed Client #2 since legs crossed in this time, the client has sounds and appeare remained in this positione, she opened he scratched her stomal escorted her out of the living room, when put on by staff. The wearing a helmet at on her head. The client put on her head her own her put on her head her own her put on her head her own her put on her her own he	s not met as evidenced by: on, interview and record tiled to ensure each staff was effectively address the one of three clients in the	W	191	DEFICIENCY)		
	client should wear the SIB (head-banging).	helmet to prevent possible				١	
	J⊓ March 31, 2010, a	at approximately 3:35 p.m.,		L			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILDI	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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W 191	the review of Client dated December 1, targeted behaviors (head bain the BSP for SIB; her helmet during with the her head, except noted that the physical 2010, stated, "helm the evenings to predict the time of the state of the state of the Client with her housemate Further observation staff drawing hand of 5:15 p.m., the client staff's shirt and pustoffered the client a scream, pulled the offered the client a scream, pulled the offered the client a higher direct support staff client. The client and shoot client began to screamed and shoot client began to screamed to end staff attempted to end staff asked her to contain the	#2's behavior support plan 2009, revealed the client's include self-injurious nging). The identified strategy stated, "[Client] should wear raking hours to prevent injury during meals." (It was also ician's orders for March 1, et on in the moming and off in vent head Injury.")  Irvey, the was no evidence competency to implement	W 19	W 191. 1; 2 a, b, c.  Staff will be retrained of interventions specified 2's BSP.  The QMRP and the Hoshall on a weekly basis implementation of BSP ensure compliance.	in Client # ouse Manager monitor staff	5/20/10	

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	Interview with the Q Professional (QMRI approximately 7:00 were trained on Clie staff in-service train Client #2's direct su December 1, 2009.  Review of Client #2' 2009, on March 31, the client had malad exhibits staff were recommended that staff in the great profession of the client was a client to "gesture pair Further review of the consequences to tar a. Verbally direct the b. Communicate with the experiencing discomposition of the consequences to tar a client to "gesture pair Further review of the consequences to tar a. Verbally direct the b. Communicate with the experiencing discomposition of the consequences to tar a client to "gesture pair Further review of the consequences to tar a. Verbally direct the b. Communicate with the experiencing discomposition of the consequences to tar an obsturizer)	Is and asked her to color. The difft the table about an 1 1/2 pushed the staff away.  Pushed the staff away.  Pualified Mental Retardation  P) on March 31, 2010, at p.m., revealed that all staff ant #2's BSP. Review of the ing records verified revealed apport staff were trained on  SBSP dated December 1, 2010, at 4:25 p.m., revealed aptive behaviors including ors, aggressive behavior and crying and screaming. As a quired to proactively inform as ahead of time when a location was going to occur Additionally, the plan off should encourage the m, needs, and/or discomfort. "  BSP revealed the following get behaviors:  It client to stop the behavior;  It her to determine if she may omfort or otherwise; (for apply lotion and/or and down, she should be to a task that she is able to means of bolstering her revent an immediate	· W	191			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE S	(X3) DATE SURVEY COMPLETED	
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W 191	Continued From pa	ge 13	W 191				
W 192	that the facility ensured to implement document Client #2' screaming. 483.430(e)(2) STAF	irvey, there was no evidence ared each staff was effectively it strategies to manage and is targeted behavior of TRAINING PROGRAM work with clients, training and competencies directed in needs.	W 192				
	Based on observation review, the facility fa were effectively train	·	,	·			
	The facility failed trained to prepare Cl	o ensure that each staff was ient #4's pureed diet in nu instructions, as evidenced	,				
	observed feeding Re a large bowl. Furthe revealed different typ	at 2:10 p.m., a staff was sident #4 pureed food from robservation of the food es of food appeared to be that the individual foods d.	:				
1 	the staff who prepare to him, revealed that dessert, had been pu	0, 2010, at 2:23 p.m., with d Client #4's meal and fed it the entire meal, including the reed and blended together. at the meal was prepared in					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/20/2010 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G148 03/31/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X5) MPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DATE DEFICIENCY W 192 Continued From page 14 W 192 accordance with the written instructions on the menu. Interview with the RN on March 31, 2010, at approximately 6:15 p.m. revealed the employee had previously worked at the group home. Further discussion with the RN revealed that the employee was presently providing temporary coverage at the group home and possibly had not been trained on the new menu procedures for preparing pureed food. W 192. 1 & 2. Review of the lunch menu dated March 30, 2010. The Nutritionist will retrain staff on for Resident #4's Regular, Pureed Diet revealed diet texture (to ensure that food is the following instructions: consistently provided in prescribed Blend 1/2 avocado with 1 cup prepared Cream texture) and mealtime protocol for Soup; add 6 Ritz Crackers or 2- Tbsp Wheat clients # 4 and #2 Germ to thicken as needed. 5/20/10 Blend 1/2 cup fortified Milk with 1/2 cup Ice The House Manager shall on a daily Cream and 1/2 cup Canned Fruit. basis (five days a week, Monday through Friday) monitor staff to The review of the physician's orders dated March 1, 2010, on March 31, 2010, at 4:10 p.m. ensure diet texture and mealtime revealed Client #4 was prescribed a regular, protocol are adhered to. pureed diet with 5 -6 cans of Ensure high Protein daily as tolerated and a high calorie lunch. At the time of the survey, there was no evidence that each staff had received training adequate to ensure Client #4 received his pureed diet prepared in accordance with the nutritionist's instructions. The facility failed to ensure Client #2's pureed

evidenced below

diet was prepared in the correct texture as

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/20/2010 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 09G148 03/31/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) W 192 Continued From page 15 W 192 On March 30, 2010, at approximately 6:15 p.m., Client #2 was presented pureed food in a 3 section plate for dinner. The food appeared flat on the plate and fell from the spoon when it was tilted. At 6:30 p.m., approximately 80% of the food remained on the client's plate. The client became agitated and her plate was removed from the dining table to the kitchen. She was then offered a choice of several flavors of jello as a dessert. On March 30, 2010, at 6:35 p.m., interview with the staff who prepared the food indicated that broth was added to the food during the pureeing process to make the food into a creamier consistency. Further discussion with the staff indicated that the use of the broth in preparing the pureed food had been approved. The review of the physician's orders dated March 1, 2010, on March 31, 2010 at 9:36 a.m., revealed Client #2 was prescribed a low fat, low cholesterol, pureed diet. At the time of the survey, there was no evidence that each staff had received training to ensure that Client #2's food was consistently provided in the prescribed texture. 3. The facility failed to ensure staff demonstrated competency in Implementing client's weight loss plan, for Client #1 as evidenced below: On March 30, 2010, at 4:52 p.m., the direct support staff was observed to offer Client #1 a

given sliced apples.

choice between two different types of crackers. The client chose Cheese It crackers and juice for her snack. After the client finished eating her crackers, she asked for more and instead was

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/20/2010 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 09G148 03/31/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID Ю PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 192 Continued From page 16 W 192 Review of Client #1's record on March 31, 2010. at 4:30 p.m., revealed a weight loss plan dated August 15, 2009. According to the plan, Client #1's snack should provide 35 calories or less per serving. The plan also states that the client W 192. 3 should receive one item from the following list: The Nutritionist will train staff on - 1/2 cup sugar free jello Client # 1's weight loss plan. - 1/2 cup sugar free pudding 5/20/10 - 8 baby carrots with 1/4 cup fat free salad The Facility's House Manager shall 4 celery sticks with 2 tablespoons fat free salad on a daily basis (5 days a week, dressing Monday through Friday) ensure not - 1/2 sliced cucumber - 4 raw broccoli florets with 2 tablespoons fat free only the staff observed assisting salad dressing Client # 1 during snack but all staff - 1 cup salad with 2 tablespoons fat free salad working with Client # 1 adhere to dressing the list of diet types prepared by the - 1 rice cake Nutritionist to be given to Client #1 - 1/2 cup of any cooked vegetables in the instance of a choice to Interview with the direct support staff on March promote Client #1's weight loss 31, 2010, at 6:35 p.m., revealed that she offers Client #1 crackers, oreo cookies and potato chips program. for snacks. On March 31, 2010, beginning at approximately 11:00 a.m., review of staff in-service training records revealed that the staff who was observed assisting Client #1 during snack had not received training on the client's weight loss plan.

terms.

W 252 | 483.440(e)(1) PROGRAM DOCUMENTATION

Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable

W 252

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/20/2010 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G148 03/31/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY W 252 Continued From page 17 W 252 This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility falled to ensure consistent documentation of progress on the Individual Program Plan (IPP) objective, for one of three clients in the sample. (Client #2) The finding includes: The facility failed to provide evidence that data was consistently maintained on Client #2's training objective designed to improve her communication, as evidenced below: Observation of Client #2 on March 30, 2010, at approximately 3:40 p.m., revealed a staff asking her name and where she lived. The client was not observed to respond verbally; however, the staff stated the client's full name and complete address to her. The staff showed the surveyor a small picture frame - like device, which was approximately 2.5 inches square, and contained a picture of Client #2. When the button on the device was pushed, it activated an internal mechanism which caused the device to state the client's full name and address. Interview with staff on March 30, 2010, at 8:12 a.m., revealed Client #2 was non-verbal, however was able to understand some commands. Continued interview with staff on March 31, 2010. at 11:47 a.m., revealed the voice output device was used to help Client #2 become familiar with her personal information (name and address). Staff further stated that although the client was not able to talk, with hand over hand assistance

she was able to press the button to activate the

PRINTED: 04/20/2010
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AND PLAN OF CORRECTION  OGG148  NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 03  SUMMARY STATEMENT OF DEFICIENCES TAG  WHOLISTIC 03  SUMMARY STATEMENT OF DEFICIENCES TAG  CASH DEPARTMENT OF DEFICIENCES TAG  CASH DEPARTMENT OF DEFICIENCES TAG  COntinued From page 18  Continue	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(٧٥) ١		ID F COMPANY		<u>O. 0938-0391</u>
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SUMMARY STATEMENT OF DEFICIENCIES PRICED BY FULL RECULATIONY OR LSC IDENTIFYING INFORMATION)  W 252  Continued From page 18 voice in the device. On March 31, 2010, at 2:20 p.m., a staff stated, "Ve use it (voice output device) after she comes home. It says her name and where she lives. We write it down in her book."  On March 31, 2010, at approximately 12:10 p.m., the home manager and the qualified mental retardation professional (QMRP) were interviewed regarding Client #2's performance in the communication objective using the voice output device. The discussion revealed data collected should be maintained in the training book. Continued interview with the QMRP, however verified that the monthly data collection forms were currently not available.  Record review on March 31, 2010, at 1:17 p.m., revealed the individual support plan (ISP) was amended on July 22, 2009, to include an objective using a "Go Talk, etc. low tech device to improve Client #2's communication. Further record review revealed a goal to improve the client's functional communication. Further record review revealed as a pola to improve the client's functional communication. Further record review revealed a goal to improve the client's functional communication. Further record review revealed a goal to improve the client's functional communication on 80% trials recorded per month." Review the QMRP summarises revealed a monitoring of the training objective after the ISP. Records to verify the data collection, however, were not available during the survey.  At the time of the survey, however, there was no evidence the facility had ensured consistent data collection to facility had ensured consistent data collection to facility had ensured consistent data collection to facility had ensured consistent data.	WHOLIS	TIC 03			1	814 BUNKER HILL ROAD, NE		
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the home manager and the qualified mental retardation professional (QMRP) were interviewed regarding Client #2's performance in the communication objective using the voice output device. The discussion revealed data collected should be maintained in the training book. Continued interview with the QMRP, however verified that the monthly data collection forms were currently not available.  Record review on March 31, 2010, at 1:17 p.m., revealed the individual support plan (ISP) was amended on July 22, 2009, to include an objective using a "Go Talk, etc. low tech device to improve Client #2's communication. Further record review revealed a goal to improve the client's functional communication and been approved by the IDT on July 23, 2009. The objective stated, "Given physical assistance from staff, [Client] will utilize a low-lech device to respond to query for personal information no 60% trials recorded per month." Review the QMRP summaries revealed monitoring of the training objective after the ISP. Records to verify the data collection, however, were not available during the survey.  At the time of the survey, however, there was no evidence the facility had ensured consistent data collection to facilitate accurate monitoring of	9	voice in the device. p.m., a staff stated, device) after she co and where she lives	On March 31, 2010, at 2:20 "We use it (voice output mes home. It says her name					
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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/20/2010 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 09G148 03/31/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WHOLISTIC 03 1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION TAG DEFICIENCY) W 252 Continued From page 19 W 252 2. Cross-refer to W249.2. The facility failed to ensure Client's exhibited targeted behavior was accurately documented, as evidenced below. W 252, 2, Review of Client #2's behavior support plan dated December 1, 2009, revealed interventions to Cross-refer to W 249 address her targeted behaviors of "screaming. crying, Self injurious behaviors (SIB), and aggressive behavior. Instructions for documentation of the behaviors revealed staff should "Document on the ABC data collection form each time [Client] displays, (1) Self-injurious behaviors (wrist bitting, head banging, skin picking and scratching; (2) Physical aggression (pinching - hitting others); (3) Screaming/yelling/crying. Review of the ABC data collection on March 31, 2010, at 3:20 p.m., revealed one behavior was documented on March 30, 2010, for Client #2. Further review of the ABC data collection form revealed that staff documented that the client screamed and yelled from 6:00 p.m. to 6:15 p.m., while sitting in the living room. Staff noted that the consequence of the intervention was that the client stopped screaming. At the time of the survey, there was no evidence that the facility ensured documentation on the ABC data collection form each time the client displayed a targeted behavior. W 263 483.440(f)(3)(ii) PROGRAM MONITORING & W 263 CHANGE The committee should insure that these programs are conducted only with the written informed

FORM CMS-2567(02-99) Previous Versions Obsolete

minor) or legal guardian.

consent of the client, parents (if the client is a

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Facility ID: 08G148

if continuation sheet Page 20 of 24

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	()(0) 10		OMB N	2. 0938-039
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W 263	1 - Thursday I foll be	ige 20	W 26			
	This STANDARD in Based on interview facility's specially-censure that restriction after written consense.	is not met as evidenced by: and record review, the postituted committee failed to we programs were used only its had been obtained, for one se sample. (Client #1)	W 20	3		
·	The findings include	e: ·				
į	Cross-refer to W124. The facility failed to ensure that written consent was obtained from Client #1's guardian prior to the administration of psychotropic medications and the implementation of a behavior support plan.			W 263		
	mental retardation paths that Client #1 was promedications and had address her maladar nterview revealed the	at approximately 10:30 a.m., (RN) and the qualified rofessional (QMRP) indicated escribed psychotropic a behavior support plan to obtive behaviors. Further e client did not have the med consent for the use of ilitation services.		Cross-refer to W 124.		
0 0 0 0 0	client #1 was prescril ehaviors and Rispentisorder. Record rev :55 p.m., revealed R	at 8:55 a.m., review of the March 1, 2010, revealed bed Buspar for psychotropic dal for intermittent explosive rise on March 30, 2010, at behavior Support Plan (BSP) 10, was implemented to ive behaviors.				
ob re	pmmittee had ensure prained from the clien presentative prior to	ey, however, there was no t the specially constituted d written consent was at and/or legally authorized the administration of the				
MS-2567(0	2-99) Previous Versions Obs	olete Event ID: 9RH311				{
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W 263	psychotropic medic	ge 21 ation and the implementation	W 263			
W 436	of the BSP. 483.470(g)(2) SPA(	CE AND EQUIPMENT	W 436			
	and teach clients to choices about the un hearing and other ca and other devices in	nish, maintain in good repair, use and to make informed se of dentures, eyeglasses, ommunications aids, braces, lentified by the mas needed by the client.				
,	Based on observation review, the facility far devices were used a interdisciplinary team.	not met as evidenced by: on, interview, and the record itled to ensure assistive as recommended by the n for two of the five clients y. (Clients #2 and #4)				
	The findings include	:				
	<ol> <li>The facility failed taught to make infor use of her helmet, as</li> </ol>	to ensure Client #2 was med choices concerning the s evidenced below:				
	revealed Client #2 sit her legs crossed in this time, the client has sounds and appeare remained in this posi- time, she opened her scratched her stomate ascorted her out of the the living room, when put on by staff. The	ch 30, 2010, at 7:30 a.m., tting in dining armchair with the seat of the chair. During ad her eyes closed, made no d to be sleeping. She tion until 8:20 a.m., At that r eyes, raised her shirt, and ch. At 8:25 a.m., a staff the living room, then back to be she sat to have her shoes client was first observed 3:33 a.m., when a staff put it				

IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		SURVEY	_
09G148	]				
PLIER		1814 BUNKER HILL ROAD, NE	<b>1 03</b> ,	/31/2010	-
ICIENCY MUST RE PRECEDED BY ELLI	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETION DATE	in .
the group home staff on March 31, p.m., revealed Client #2 sometimes own helmet and lays it beside her itting. Staff further indicated that the wear the helmet to prevent possible nging).  2010, at approximately 3:35 p.m., Client #2's physician's orders dated revealed, "helmet on in the off in the evenings to prevent head #2's behavior support plan (BSP) per 1, 2009, revealed "[Client] er helmet during waking hours to to her head, except during meals."  the survey, the was no evidence consistently encouraged Client #3 imet as prescribed.	W 436	W 436, 1.  The Facility's QMRP will helmet usage by Client #2  House Manager shall on a basis (5 days a week, Monthrough Friday) monitor stensure compliance with he usage as specified in Clien	daily day aff to limet t # 2's	5/20/10	
larch 31, 2010, at 1:58 p.m. wer chair with a seat constructed material. Further observation in evealed a square vinyl covered as approximately 12 inches x 12 es deep.  laff on March 31, 2010, at 2:01 the aforementioned square pillow vertically at the back of the chair According to the staff, if eded on the seat of the chair	A S	An order will be placed for specified shower chair (pad	the ded	5/20/10	
	PPLIER  PRESENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)  Om page 22  If the group home staff on March 31, p.m., revealed Client #2 sometimes own helmet and lays it beside her itting. Staff further indicated that the wear the helmet to prevent possible inging).  2010, at approximately 3:35 p.m., Client #2's physician's orders dated of revealed, "helmet on in the off in the evenings to prevent head #2's behavior support plan (BSP) per 1, 2009, revealed "[Client] er helmet during waking hours to to her head, except during meals."  The survey, the was no evidence consistently encouraged Client #3 Imet as prescribed.  alied to ensure Client #4 was ded shower chair as prescribed, as were chair with a seat constructed material. Further observation in evealed a square vinyl covered as approximately 12 inches x 12 as deep.  taff on March 31, 2010, at 2:01 the aforementioned square pillow vertically at the back of the chair According to the staff, if eded on the seat of the chair, d.	OPPLIER  OPPLIER  OPPLIER  OPPLIER  OPPLIER  ON THE PRECEDENTIFY ING INFORMATION)  OF PRECEDENTIFY ING INFORMATION  OF PRECEDENTIFY ING  ID  PRECEDENTIFY  TAG  OF PRECEDENTIFY  ID  PRECEDENTIFY  TAG  OF PRECEDENTIFY TAG  OF PRECE	PPLER  STREET ADDRESS, CITY, STATE, ZIP COLORS 1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017 TAB PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION)  Om page 22  If the group home staff on March 31, p.m., revealed Client #2 sometimes on helmet and lays it beside her litting. Staff further indicated that the wear the helmet to prevent possible nightly.  2010, at approximately 3:35 p.m., Client #2's physician's orders dated prevaled, "helmet on in the off in the evenings to prevent head #2's behavior support plan (BSP) per 1, 2009, revealed" (Client) er helmet during waking hours to to her head, except during meals." (Chient) er helmet during waking hours to to her head, except during meals." (Sheriff) er helmet couraged Client #3 imet as prescribed.  alied to ensure Client #4 was ded shower chair as prescribed, as w.:  the bathroom on the main level of tarch 31, 2010, at 1:58 p.m. wer chair with a seat constructed material. Further observation in evealed a square vinyl covered as approximately 12 inches x 12 as deep.  taff on March 31, 2010, at 2:01 he aforementioned square pillow vertically at the back of the chair According to the seat of the chair Acc	Deficience of the chair, and the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the seat of the chair, and complete support in the survey, the was no evidence consistently encouraged Client #3 imet as prescribed.  A BULDING  STREET ADDRESS, CITY, STATE, ZIP CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PREFIX  PROVIDER'S PLAN OF CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PROVIDER'S PLAN OF CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PROVIDER'S PLAN OF CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PROVIDER'S PLAN OF CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PREFIX  PROVIDER'S PLAN OF CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PREFIX  PROVIDER'S PLAN OF CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PREFIX  PROVIDER'S PLAN OF CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PROVIDER'S PLAN OF CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PREFIX  PROVIDER'S PLAN OF CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PREFIX  PROVIDER'S PLAN OF CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017  PREFIX  PROVIDER'S PLAN OF CODE  PREFIX  PROVIDER'S PLAN OF CODE  PROVIDER'S PLAN OF CODE  PROVIDER'S PLAN OF CODE  PREFIX  PROVIDER'S PLAN OF CODE  PROVIDER'S PLAN OF	Decided Street Address, CITY, STATE 2IP CODE  STREET ADDRESS, CITY, STATE 2IP CODE  1914 BUNKER HILL ROAD, NE  WASHINGTON, DC 20017  PROVIDER'S FLAN OF CORRECTION PREFIX TAGS  PROVIDER'S FLAN OF CORRECTION PREFIX TAGS  PROVIDER'S FLAN OF CORRECTION PREFIX PREFIX TAGS  PROVIDER'S FLAN OF CORRECTION PROVIDER'S FLAN OF CORRECTION PREFIX TAGS  PROVIDER'S FLAN OF CORRECTION PROVIDER'S FLAN OF CORRECTION PROVIDER'S FLAN OF CORRECTION PREFIX TAGS  PROVIDER'S FLAN OF CORRECTION PROVIDER'S FLAN OF CACH OF CACH OF CACH OR OF CACH OF CACH PROVIDER'S FLAN OF CACH OR OF CACH OR OF CACH OR OF CACH OR OF CACH PROVIDER'S FLAN OF CACH OR O

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE	<u>J. 0938-039</u> . SURVEY
			A BUILD			LETED
NAME OF	PROMPTO OF STREET	09G148	B. WING		na	24/2040
WHOLIS			- 1	TREET ADDRESS, CITY, STATE, ZIP CON 1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017	)E	31/2010
(X4) ID PREFIX TAG	I SEACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)		(X5) COMPLETION DATE
W 436	Continued From p	age 23	W 436			
	revealed an order, shower chair. At twas no evidence a available for Client 483.480(b)(2)(iii) M	EAL SERVICES	W 474			
	review, the facility of foods was provided	s not met as evidenced by: on, interview and record failed to ensure the texture of as provided as prescribed for in the sample. (Client #2)	·	W 474  Cross Refer to W 192. 1.		
	Cross Refer to W19 ensure Client #2's p the correct texture.	2.1. The facility failed to ureed diet was prepared in				
ļ						
(010 050						
₩N3-2367((	02-99) Previous Versions Ob	solete Event ID: 9RH311	Facilit	1D: 09G148		

	OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO HFD03-0070	UMBER:	A. BÜLDI B. WING	NG	NATE SURVEY COMPLETED		
NAME OF F	ROVIDER OR SUPPLIER		STREET AL	DRESS CITY	STATE ZIP CODE	03/31/2010		
WHOLIS	TIC 03		1814 BU	ADDRESS, CITY, STATE, ZIP CODE BUNKER HILL ROAD, NE INGTON, DC 20017				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SCIDENTIFYING INFORM	/ Et 11 t	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLE TE DATE		
1090 1090 111 111 111 1111 1111 1111 11	sampling of three residential population males with varying of findings of the surve observations and interested and administration of the findings of the surve observations and interested and administration of the interior and externational externation of direct and sanitary manner accumulations of direct of the Mental GHMRP) failed to exterior of the GHMRP failed to exterior of	ey was conducted fro larch 31, 2010. A rare larch 31, 2010. A rare sidents was selected on of three females a degrees of disabilities by were based on terviews in the horners well as a review of strative records, including the serior of each GHMRI and be free of the trubbish, and object the interior and interview, the lay Retarded Persons in and interview, the lay Retarded Persons insure the interior and attractive, and sanitate residents. (Resident of the environment inning at 11:30 a.m., are identified:	d from a and two s. The and at the uding the uding the Group in a ry its #1,	F	2090 A. 1. Railings of Wheelchair ramp located the rear of the GHMRP have been	d		
į W	Mildew was observable heelchair ramp locate in Administration.	red on the railings of ted at the rear of the	the	P	ower washed.	4/01/10		

Health Regulation Administration

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	A BUILE		(X3) DATE COMP	SURVEY
		HFD03-0070		B. WING		03	31/2010
VAME OF F	PROVIDER OR SUPPLIER	ì	STREET ADD	DRESS, CIT	Y, STATE, ZIP CODE	1 03/	31/2010
WHOLIS			Washing	KER HILL TON, DC	. ROAD, NE 20017		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIE	s	ID	PROVIDER'S PLAN OF CORRECT		<del></del>
TAG	REGULATORY OR LS	MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL ITION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D DE	(X5) COMPLETE DATE
1 090	GHMRP.  2. There was an accumulation of trash near			1 090	1090 A. 2.		
			300z tha		Trash accumulated near the		
ļ	wheelchair ramp loc	ated at the rear of th	regime		wheelchair ramp located at the	e rear	İ
ļ	GHMRP.				of the GHMRP has been rem	oved.	3/31/10
	3. Several loose box	ards were observed	on the		1090 A. 3.		
1	wheelchair ramp.				Loose boards observed on the		
	The aforementioned	observations were					1
	acknowledged by the	the House Manager place.		0.004.440			
	Coordinator, who acc			3/31/10			
	during the inspection of the environment.		.		Facility's OMADD and LIX		
	B. Interior:		ĺ		Facility's QMRP and House Manager will do regular		
į	J. 711201101,		1		onvincemental at		ļ
ļ	the area with a dust of	e hardwood floor in the polish, and them I	a.m., a staff was wood floor in the living sh, and them buffing		re the clean		
}	the floor slightly slipp	-			1090 B.		
	Observation of the ha	ardwood floor in the I	bedroom		1030 B.		
į (	of Resident#4 on Ma	erch 31, 2010 at 2·16	lom Í		The 211 1 2 2 2 2 2		
	revealed the hardwood slippery.	noor was shining	and		The oil-based polish, "Orange	glo	
i	•				for wood furniture" used on th	e	
	nterview with the stat	ff on March 30, 2010	onat	!	hardwood floor in the living ro	om	
i 4	/∷oo am., and on Mar	ch 31, 2010 at 2·13	n m		during the survey has been cha	inged	
j •	revealed an oil based spray polish was used to maintain the hardwood floor.		ed to		to "pledge for wood".		4/28/10
1108	3504.15 HOUSEKEEI	PING	1	108			
. 4	each GHMRP shall as at least seven (7) chall a his or her daily activ	P shall assure that each resident has n (7) changes of clothing appropriate daily activities.					
T Regulation	his Statute is not me	et as evidenced by:				}	

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBER:	(X2) MU A. BUILL	LTIPLE CONSTRUCTION	(X3) DATE	SURVEY	
	·	HFD03-0070		B. WING				
NAME OF	PROVIDER OR SUPPLIER		STREET AD	TADDRESS, CITY, STATE, ZIP CODE 03/31/201				
WHOLIS	БПС <b>03</b>		1814 BUI	NKER HILL STON, DC	ROAD ME			
(X4) ID PREFIX TAG	CONTRACTOR OF THE PROPERTY	TEMENT OF DEFICIENCIE!  MUST BE PRECEDED BY  SC IDENTIFYING INFORMA	s	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPLIANCE OF		(X5) COMPLET DATE	
I 108	residents had clothin	ge 2 on, interview and reco failed to ensure that ng that was appropria idents in the sample.		I 108	DEFICIENCY)		LATE	
	The finding includes	;			1108			
	Resident #1 walking jeans that was too sr	ted at Resident #1's of 0, 2010, 11:41 a.m., to out her classroom we nail. Further observa- gram staff trying to put her hips.	revealed earing		The house manager has requestioned from client # 1's commaccount so as to purchase new fittings clothes.	unity v	4/29/10	
f	requently sent Resid	ent #1 to the day prov were too small. The d	gram	ŀ	In the mean time client # 1's of has been reorganized whereby tight clothes and ted hose with have been removed.	أالون	4/01/10	
CI A SI TI th	oset and dresser that dditional observation opportive stockings h	n March 31, 2010, at stored in Resident # t were too small for h revealed seven out of ad holes or were torr wear were stained, ar her closet were also	1's er. of nine					
3:0 clo	10 p.m., confirmed the other thing in Resident #1"	fied mental retardation 31, 2010 at approximate e observations of the s dresser and closet.	ately					
clos	THE PROPERTY OF THE PROPERTY O	y, there was no evide that Resident#1 wor hing, or that the reside d in good condition	1		•			

Health Regulation Administration

AND PLA	IENT OF DEFICIENCIES W OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	A BUILD		(X3) DATE COMP	SURVEY
		HFD03-0070		B. WING		1 000	19410040
NAME O	F PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	STATE, ZIP CODE	1 03/	31/2010
WHOL	ISTIC 03		WASHING	NKER HILL STON, DC	ROAD, NE 20017		
(X4) ID PREFIX TAG	( EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	E) /) e	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLET DATE
120	certification that a he performed and that	EL POLICIES  or to employment and shall provide a physice alth inventory has be the employee 's head er to perform the required.	cian's een ith status	I 206			
	This Statute is not in Based on interview a home for the mentall (GHMRP) failed to his screening for one of required by this section. The finding includes:  The record review co at approximately 2:00 screening form for on lacked the signature of performed the health.	and record review, the y retarded person's ave an annual health eleven consultants, a on .  Inducted on March 31 p.m., revealed the health eleven consultants and the individual who of the individual who	1, 2010,		Wholistic Services Adm will obtain a signed Am Screening Certificate fro consultant in question.  Wholistic Administration review all Annual Health Certificates in future so compliance.	nual Health om n will h Screening	5/20/10
	Interview with the hou approximately 2:05 p. aforementioned healt been signed.	se manager (HM) at	1			-	
1 222	3510.3 STAFF TRAIN	IING	] 1	222			
	There shall be continued training programs scheme	ous, ongoing in-serving duled for all persons	ice nei.				
(	This Statute is not me Based on observation, review, the GHMRP fa	interview and recon	d staff				

Health	Requiation Administra	ation				FOF	RM APPROVE	Ď
STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) ML A. BUILL B. WIN			E SURVEY IPLETED	
NAME OF	PROVIDER OR SUPPLIER	HFD03-0070				0:	3/31/2010	
IOME OF	FROMIDER OR SUPPLIER				Y, STATE, ZIP CODE			╗
WHOLIS			WASHING	NKER HILI GTON, DG	L ROAD, NE 20017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST 8E PRECEDED 8Y SC IDENTIFYING INFORMA	St II I	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(XS) COMPLETE DATE	
1 222	Continued From pa	ge 4		1222		<del> </del>		┨
ļ.	received continuous, ongoing inservice to address the needs of three of the five residents in the GHMRP. (Residents #1, #2 and #4)							
	The findings include	<b>)</b> :	i					
	was trained to prepa	ed to ensure that each are Resident #4's pur menu instructions, as	eed diet					
	observed feeding Ro a large bowl. Further revealed different type	at 2:10 p.m., a staff esident #4 pureed for observation of the pes of food appeared that the individual food.	ed from food to he					
	Interview on March 3 the staff who prepare fed it to him, reveale including the dessert blended together. The meal was prepared in instructions on the march	t, had been pureed and the staff indicated that the accordance with the	al and I, nd the				**************************************	
	Interview with the RN approximately 6:15 p had previously worke Further discussion we employee was presence at the group been trained on the moreparing pureed foo	i.m. revealed the emp of at the group home, ith the RN revealed the only providing tempon of home and possibly new menu procedures	hat the ary		•			
; 1	Review of the lunch n for Resident #4's Reg the following instruction	lular. Pureed Diet rev	, 2010, realed	·				:
	Blend 1/2 avocado wi	th 1 cup prepared Cr	eam					
	ion Administration						: I	Ĺ

9RH311

STATEMEN ANO PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	RICLIA MBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE COMPL	SURVEY LETED
		HFD03-0070		8. WING			
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	, STATE, ZIP CODE	03/3	31/2010
WHOLIS	TIC 03		1814 BUI		ROAD, NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST SE PRECEDED BY SC IDENTIFYING INFORMA	ELU I	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION GROSS-REFERENCED TO THIS DEFICIENCY)	N SHOULD BE E APPROPRIATE	(XS) COMPLET DATE
1 222	222 Continued From page 5		·	1 222		······································	
	Soup; add 6 Ritz C Germ to thicken as	rackers or 2- Tbsp W needed.	heat				
	Blend 1/2 cup fortifi Cream and 1/2 cup	ied Milk with 1/2 cup I	ce				
į			j		1222. 1; 2.		
The review of the physician's orders dated March 1, 2010, on March 31, 2010, at 4:10 p.m. revealed Resident #4 was prescribed a regular, pureed diet with 5 -6 cans of Ensure high Protein daily as tolerated and a high calorie lunch.			The Nutritionist will red diet texture (to ensure the consistently provided in	hat food is a prescribed			
' [	mat each staff had (	irvey, there was no ex received training adec received his pureed of	uate to		texture) and mealtime p clients # 4 and #2.	rotocol for	5/20/1
i	prepared in accordations.	ance with the nutrition	ist's		The Facility's House M on a weekly basis (Mon	anager will day through	
	2. The GHMRP faile pureed diet was pre as evidenced below	ed to ensure Residen pared in the correct to :	t #2's exture		Friday) monitor staff to texture and mealtime pradhered to.	ensure diet	
	On March 30, 2010, at approximately 6:15 p.m., Resident #2 was presented pureed food in a 3 section plate for dinner. The food appeared flat on the plate and fell from the spoon when it was tilted. At 6:30 p.m., approximately 80% of the food remained on the resident's plate. The resident became agitated and her plate was removed from the dining table to the kitchen. She was then offered a choice of several flavors of jello as a dessert.  On March 30, 2010, at 6:35 p.m., interview with the staff who prepared the food indicated that broth was added to the food during the pureeing process to make the food into a creamier consistency. Further discussion with the staff indicated that the use of the broth in preparing the pureed food had been approved.		n a 3 ed flat it was the as				
d p c ic			hat eeing taff				

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM  HFD03-0070	VCLIA IBER:	(X2) MUL A. BUILD B. WING		(X3) DATE COMP	SURVEY
IAME OF	PROVIDER OR SUPPLIER	NFD03-0070	STREET AD	DEFECT AIR		03	31/2010
		İ			, STATE, ZIP CODE		
WHOLIS ———	TIC 03		WASHING	NKER HILL STON, DC	ROAD, NE 20017		
(X4) ID PREFIX TAG	; (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	71 11 1	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLE DATE
	At the time of the surthat each staff had rithat Resident #2's foin the prescribed text.  3. The GHMRP faile demonstrated comp. Resident #1's weight below:  On March 30, 2010, support staff was obschoice between two choice between two choice between two for her snack. After ther crackers, she asl was given sliced app. Review of Resident #2010, at 4:30 p.m., redated August 15, 200 Resident #1's snacks.	nysician's orders date of 1, 2010 at 9:36 a.m., 12 was prescribed a foreed diet.  Invey, there was no expecieved training to encod was consistently puture.  If the onsure staff etency in implementing the loss plan, as evident at 4:52 p.m., the direct served to offer Reside different types of crace cheese it crackers and the resident finished exed for more and installes.  It's record on March: Evealed a weight loss plan also states that the plan also states that	ow fat, ridence sure provided  og cet ent #1 a kers, d juice ating ead  31, plan kan, pries or	I 222	1222. 3.  The Nutritionist will train Client # 1's weight loss pl  The Facility's House Man on a daily basis (5 days a way Monday through Friday) e only the staff observed ass Client # 1 during snack but working with Client # 1 are adhering to the list of dietay prepared by the Nutritionis	an. ager shall week, nsure not isting t all staff e	5/20/10
- 0	iressi <i>n</i> g	oudding 1/4 cup fat free salad 2 tablespoons fat free			given to Client #1 in the ir of a choice to promote Clie weight loss program.	ent #1's	

Health F	Regulation Administra	ation				FORM	APPROVED
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HFD03-0070	ERICLIA MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE : COMPL	ETED
NAME OF E	PROVIDER OR SUPPLIER	111 003-0070	CTDEET AT	NDDF00 000		03/3	31/2010
IN-MILL OF F	ROVIDER OR SUPPLIER				, STATE, ZIP CODE		
WHOLIS	TIC 03			NKER HILL GTON, DC			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7		FULL	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
	dressing - 1 rice cake - 1/2 cup of any cod Interview with the di 31, 2010, at 6:35 p.i Resident #1 cracket chips for snacks.  On March 31, 2010, 11:00 a.m., review of records revealed that	rect support staff on m., revealed that she rs, oreo cookies and beginning at approx of staff in-service trai at the staff who was	March offers potato simately ning observed				
	assisting Resident # received training on plan.  4. The GHMRP faile	If during snack had the resident's weight to ensure training in Resident #2's behonsistently implement arch 30, 2010, at 7:32 sitting in dining arm of in the seat of the cresident had her eyeunds and appeared to the opened her eyes, ned her stomach. At ther out of the living	not t loss on avior ated, as 30 a.m., nchair hair. es o be until 8:20 raised 8:25 room.				
	have her shoes put of first observed wearin when a staff put it on yawned, then began forward then back to sat in the dining armo	on by staff. The resking a helmet at 8:33 a helmet at 8:33 a her head. The resk to repeatedly and sk an upright position a	dent was .m., dent		•		

AND PLAN	MENT OF DEFICIENCIES AN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA IMBER:	A. BUILD		(X3) DATE COMP	SURVEY
		HFD03-0070		B. WING		-	
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET AD	DRESS CITY	, STATE, ZIP CODE	03	<u>/31/2</u> 010
WHOLIS	STIC 03	ı	1814 BUN	KED LIB I	ROAD, NE	<del></del> -	
			WASHING	TON, DC	20017		
(X4) ID PREFIX TAG	REGULATORY OR L	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SCIDENTIFYING INFORMA	s	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TH	ON SHOULD BE EAPPROPRIATE	(X5) COMPLE DATE
t t s s s a tr	Interview with the gi 2010, at 3:35 p.m., sometimes removed beside her when shindicated that the reto prevent possible stop prevent prevent possible stop prevent possible stop prevent possible stop prevent possible stop prevent possible stop prevent prev	roup home staff on Marevealed Resident #2 is her own helmet and e is sitting. Staff furth sident should wear the SIB (head-banging).  at approximately 3:3 ent #2's behavior supple 2009, revealed the renctude self-injurious aging). The identified stated, "[Resident] should be waking hours to procept during meals." (hysician's orders for I met on in the moming event head injury.")  vey, the was no evident material event #2's BSP.  arch 30, 2010, at 5:12 the staff's shirt and interest and direct supple attent of her. One minute fered the resident and scream, pulled the den began to scratch in the staff's shirt and interest the resident a high support staff placed sident. The resident	I places it in the helmet it is p.m., port plan sident's strategy uid revent it was warch and off ence ent it is p.m., ng ort ect bushed later, juitar. irect per she five.	1222	1222. 4 a, b.  Staff will be retrained or interventions specified in 2's BSP.  The QMRP and the Housewill on a weekly basis in implementation of BSP ensure compliance.	n the in Client #	5/20/10

Health I	Regulation Administra	ation		_		FORM	APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HFD03-0070	ERICLIA IMBER:	(X2) MUL A. BUILD B. WING		(X3) DATE COMP	
NAME OF I	PROVIDER OR SUPPLIER	111203-0070	OTDETT A.			03/	31/2010
WHOLIS			1814 BUN		, STATE, ZIP CODE ROAD, NE 20017		•
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(XS) COMPLETE DATE	
	play the tambourine shook her head. At to scream when the to engage her with a staff held different s 5:26 p.m., the direct color, however she is 5:28 p.m., another shands and asked he screamed and lift the the floor then pushe interview with the Qrofessional (QMRP approximately 7:00 pwere trained on Resident # trained on December Review of Resident # trained on December Review of Resident # 2009, on March 31, 2009, on March 31	a. The resident scream is 5:24 p.m., the resident follocks. At 5:25 p.m., cents in front of her a support staff asked began to scream against placed crayons it is to color. The reside table about an 1 1/d the staff away.  Lualified Mental Retard on March 31, 2010 on March 31, 2010 on m., revealed that alident #2's BSP. Revaining records verified is direct support start, 2009.  #2's BSP dated Dece 2010, at 4:25 p.m., readaptive behaviors in the staff away of the staff and or review of the BSP resident to stop the resident to stop the staff and/or review of the BSP resident to stop the staff and to proactively in the staff and/or review of the BSP resident to stop the staff and to staff and to st	ent began attempted another nose. At her to ain. At n her ent 2 from dation ), at listaff riew of ed iff were ember 1, evealed ncluding vior and g. As a nform then a o occur the revealed aviors:	1222	DEPICIENCY		
p P	e experiencing disconhysical discomfort ap	pply lotion and/or	ΤΟΓ				

<u>Health</u>	Regulation Administr	ation			_	FORM	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBER:	(X2) MUL A. BUILDI B. WING			
NAME OF	PROVIDER OR SUPPLIER	HFD03-0070	CTDCCT 1			03/:	31/2010
MHOUS			1814 BU	DDRESS, CITY, NKER HILL IGTON, DC 2	ROAD. NF		
			ľ	GION, DC 2	20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	E 18 1	ID PREFIX TAG	CROSS-REFERENCED TO TH	COMPLETED  93/31/2010  E, ZIP CODE  D. NF	
1222	Continued From pa moisturizer)	ge 10		1 222			
	gradually redirected successfully do, as self-esteem and to	Imed down , she sho to a task that she is a means of bolsterin prevent an immediat ssion or self-injuriou	able to g her e				
	that the GHMRP enseffectively trained to	ent Resident #2's tai	s to				
I 500	3523.1 RESIDENT'S	RIGHTS		1 500			
	Each GHMRP reside that the rights of resi protected in accorda chapter, and other a laws.	dents are observed a nce with D.C. Law 2-	and -137 this	-			
1 1 1 2 7	This Statute is not in Based on observation review, the GHMRP residents' rights in acchapter 13 of the D.C. Law 2-137, D.C. and other District and care and rights of per retardation, for two of sample. (Residents #	ns, interviews and refailed to observe and cordance with Title 70. Code (formerly call Code, Title 6, Chap I federal laws that go sons with mental three residents in the	l protect 7, illed ter 19) wern the				
ן י	The findings include:						İ
0	The GHMRP failed by not informing the reference of changes in their colon Administration	esidents' medical au:	ardians !				

	Regulation Administr						APPROVE
IDENTIF		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA (X2) MULTIPLE CONSTRUCTION A BUILDING		NG	(X3) DATE COMPL	
VAME OF I	PROVIDER OR SUPPLIER	HFD03-0070				03/:	31/2010
					STATE, ZIP CODE		<u> </u>
WHOUS			WASHING	NKER HILL STON, DC	ROAD, NE 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
1 500	Continued From pa	ge 11		1 500			<del> </del>
	7-1305.05(h), forme  1. The GHMRP faile and written consent #1's guardian prior to psychotropic medica of a behavior support During the entrance 2010, at approximate	conference on Marc	13, § follows: nformed Resident of her mentation below: th 30,				
	nurse (RN) and the oprofessional (QMRP received psychotropimaladaptive behavior revealed the resident give informed conseand habilitation servi	qualified mental retal ) indicated that Resilic ic medications to adors. Further interview t did not have the ca nt for the use of medices.	rdation dent #1 dress her v pacity to lications				
	The statements were at 6:55 p.m., through psychological assess 2010. According to to does not evidence the independent decision meaningful input into mabilitation planning, reatment, or medical	review of Resident: ment dated January he assessment, Res he capacity to make his on her behalf or pro- decisions regarding placement, financial	#1's 19, ident#1 rovide				
p F p	On March 31, 2010, a physician order dated Resident #1 was pres psychotropic behavior ntermittent explosive	l March 1, 2010, reve scribed Buspar for rs and Risperdal for	of the ealed				
P	at the time of the surv rovide evidence that btained from the resi uthorized representa	informed consent wi ident and/or legally	ed to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER'S IDENTIFICATE		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	A TION NUMBER:  A BUILDING		ING	(X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	HFD03-0070		B. WING			24/2040
		i			, STATE, ZIP CODE		31/2010
WHOLIS	STIC 03		WASHING	NKER HILL STON, DC :	ROAD, NE 20017		
(X4) ID PREFIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	\$	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	PUALIS N. N.	(X5) COMPLE DATE
	administration of the psychotropic medication.  2. The GHMRP failed to ensure that informed consent was obtained from Resident #1's guardian prior to the to the implementation of her Behavior Support Plan (BSP).  Interview with the RN and the QMRP on March 30, 2010, at approximately 10:30 a.m., during the entrance conference revealed that Resident #1 had a Behavior Support Plan (BSP) to address her maladaptive behaviors. Further interview revealed the resident did not have the capacity to give informed consent for the use of medications and habilitation services.  The statement was verified on March 30, 2010, at 6:55 p.m., through review of Resident #1's psychological assessment dated January 19, 2010. According to the assessment, Resident #1 "does not evidence the capacity to make independent decisions on her behalf or provide meaningful input into decisions regarding her habilitation planning, placement, financial,		1500	G CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	pic entation of led from lker shall ents are tion of	4/10/10	
B 2 n A	reatment, or medical March 30, 2010, at 6:8 Sehavior Support Plar 1010, was implemented maladaptive behaviors at the time of the survi- rovide evidence that i	pb p.m., revealed the control of the	e ary 2,				
B. to po	btained from the residuthorized representates ident # 1's BSP.  Chapter 13, § 7-130 telephones; religious issessions; privacy; etention; medication [For Administration]	ive prior to implement  5.05. Visitors; mail; as practice; personal	access				

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILO	TIPLE CONSTRUCTION	(X3) DATE	M APPROV	
		HFD03-0070		B. WING		-		
NAME OF	PROVIDER OR SUPPLIER	111 200-0010	STREET			03/	31/2010	
WHOLIS	271C 02		404 4 DILL	URESS, CITY	, STATE, ZIP CODE		V 1/20 10	
	·		MUCHA	TON, DC	ROAD, NE 20017			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLE	
1 500	Continued From page 13			1500	DEFICIENCY	)	DATE	
:	•			1000	,			
	<ol> <li>The GHMRP fair personal needs, for below:</li> </ol>	led to ensure privacy Resident #2, as evid	during enced		1500 D 1		<u>;</u>	
ĺ	55.0H,				1500. B 1.			
	On March 31, 2010, at 4:14 p.m., Resident #2 was observed sitting on the toilet In the bathroom with the door open. During this time, her direct support staff was observed standing in the same bathroom. Seconds later, the licensed practical				Staff have been trained	on issues	1	
}					pertaining to right, priv	on issues		
1					and respect.	acy, dignity		
				1			4/01/10	
ſ	however, she did not close the door completely. When Interviewed on the same day at approximately 7:00 p.m., the LPN acknowledged that Resident #2 was not provided privately.				The Escilitu's Lione N	c		
					The Facility's House M	lanager shall		
1					on a daily basis (5 days	iday) engara		
					Monday through Friday	) ensure		
: `	my the pathloom.				staff adhere to the speci the in-service.	fications of		
j N	At the time of the sur hat staff ensured pri personal care.	vey, there was no evi vacy during Resident	dence #2's					
1 ''	. The GHMRP faile ad clothing that were 1, as evidenced belo	d to ensure that reside appropriate, for Resow;	ents ident					
R je re	esident #1 walking of ans that was too sm	ed at Resident #1's da l, 2010, 11:41 a.m., re out her classroom wea all. Further observation ram staff trying to pull ner hips.	vealed Iring		,			
Int 20 fre we	terview with the day 10, at 11:45 a.m., requently sent Reside paring clothes that w	program staff on Mare evealed the GHMRP nt #1 to the day progree ere too small. The da d conveyed its concer	am					
Fui	ther observation on	March 31, 2010, at 1:	45					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIED IDENTIFICATION			ER/CLIA IMBER:	VCLIA (X2) MULTIPLE CONSTRUCTION  BER:  A. BUILDING  B. WING			SURVEY LETED	
ANE OF	PROVIDER OR SUPPLIER	HFD03-0070	I	i		03/	31/2010	
WHOLIS			1814 BUI	STREET ADDRESS, CITY, STATE, ZIP CODE  1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017				
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FL TAG REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(XS) COMPLI DATE	
1500	p.m., revealed cloth closet and dresser (Additional observational supportive stocking). Three out of 10 und three suits hanging stained.  Interview with the querofessional on Man 3:00 p.m., confirmed	nes stored in Resider that were too small fi ion revealed seven os had holes or were allerwear were stained in her closet were allerwear mental retard ch 31, 2010, at appred the observations of #1's dresser and clowrey, there was no essured that Resident #2 clothing, or that the retard chart was not contained that Resident #2 clothing, or that the retard that was not contained that Resident #2 clothing, or that the retard that was not contained that Resident #2 clothing, or that the retard that was not contained that Resident #2 clothing, or that the retard that was not contained that the retard that was not contained that Resident #2 clothing, or that the retard that was not contained that the retard that was not contained that the retard that the retard that was not contained that the retard that the	or her. ut of nine torn. , and so ation eximately the set. vidence	1 500	The house manager has a funds from client # 1's caccount so as to purchase fittings clothes.  In the mean time client # has been reorganized whight clothes and ted hose holes have been removed.	e new  1's closet ereby all	4/29/1	